

## Environmental Protection Agency Internet Information

### EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

### EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

09/17/2013

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000197244

INSTALLATION NAME: CVS PHARMACY #2719

INSTALLATION ADDRESS : 97-01 LIBERTY AVE  
OZONE PARK, NY 11417

MAILING ADDRESS : 1 CVS DR  
WOONSOCKET, RI 02895

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437

TO: CVS PHARMACY #2719  
or Current Occupant  
ATTN: WENDY BRANT  
1 CVS DR  
WOONSOCKET, RI 02895

2013 AUG -7 A 11:12

United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORMRCRA PROGRAMS  
BRANCHSEND  
COMPLETED

## FORM TO:

The Appropriate  
State or Regional  
Office.1. Reason for  
SubmittalMARK ALL  
BOX(ES) THAT  
APPLY

## Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID  
Number

EPA ID Number | N | Y | R | 0 | 0 | 0 | 1 | 9 | 7 | 2 | 4 | 4 |

## 3. Site Name

Name: CVS Pharmacy #2719

4. Site Location  
Information

Street Address: 97-01 Liberty Ave.

City, Town, or Village: Ozone Park

County: Queens

State: NY

Country: USA

Zip Code: 11417

## 5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other6. NAICS Code(s)  
for the Site  
(at least 5-digit  
codes)

A. | 4 | 4 | 6 | 1 | 1 | 0 |

C. | | | | | |

B. | | | | | |

D. | | | | | |

7. Site Mailing  
Address

Street or P.O. Box: One CVS Drive

City, Town, or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

8. Site Contact  
Person

First Name: Wendy

MI: L

Last: Brant

Title: CVS Corporate Environmental Manager

Street or P.O. Box: One CVS Drive

City, Town or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

Email: Wendy.Brant@CVSCaremark.com

Phone: 401-765-1500

Ext.:

Fax: 401-216-0138

9. Legal Owner  
and Operator  
of the Site

A. Name of Site's Legal Owner: Acadia Liberty LLC

Date Became  
Owner: 11/22/2006Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 1311 Mamaroneck Ave Ste 260

City, Town, or Village: White Plains

Phone: 9142888183

State: NY

Country: USA

Zip Code: 10605

B. Name of Site's Operator: CVS ALBANY, L.L.C.

Date Became  
Operator: 1/21/2007Operator  
Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	P001	P042	P075	P081	D009
D011						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.




**12. Notification of Hazardous Secondary Material (HSM) Activity**


Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

This notification is updating the waste codes and the generator status to CESQG.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	8/1/2013



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

10/16/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000197244</b>
<b>INSTALLATION NAME:</b>	<b>CVS PHARMACY #2719</b>
<b>INSTALLATION ADDRESS :</b>	<b>97-10 LIBERTY AVE OZONE PARK, NY 11417</b>
<b>MAILING ADDRESS :</b>	<b>1 CVS DR WOONSOCKET, RI 02895</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: CVS PHARMACY #2719  
or Current Occupant  
ATTN: WENDY BRANT  
1 CVS DR  
WOONSOCKET, RI 02895**

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b> <div style="text-align: right;">           2012 MAR -5 PM 4:46            RCRA PROGRAMS            BRANCH         </div>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>NYR 000 197 244</u>		
<b>3. Site Name</b>	Name: CVS Pharmacy #2719		
<b>4. Site Location Information</b>	Street Address: 97-01 Liberty Ave.		
	City, Town, or Village: Ozone Park		County: Queens
	State: NY	Country: USA	Zip Code: 11417
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>4 4 6 1 1 0</u>		C. <u>          </u>
	B. <u>8 1 2 9 2 2</u>		D. <u>          </u>
<b>7. Site Mailing Address</b>	Street or P.O. Box: One CVS Drive		
	City, Town, or Village: Woonsocket		
	State: RI	Country: USA	Zip Code: 02895
<b>8. Site Contact Person</b>	First Name: Wendy MI: L Last: Brant		
	Title: CVS Corporate Environmental Manager		
	Street or P.O. Box: One CVS Drive		
	City, Town or Village: Woonsocket		
	State: RI	Country: USA	Zip Code: 02895
	Email: Wendy.Brant@CVSCaremark.com		
	Phone: 401-765-1500	Ext.:	Fax: 401-216-0138
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Acadia Liberty LLC		Date Became Owner: 11/22/2006
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 1311 Mamaroneck Ave Ste 260		
	City, Town, or Village: White Plains		Phone: 9142888183
	State: NY	Country: USA	Zip Code: 10605
	B. Name of Site's Operator: CVS Albany LLC		Date Became Operator: 1/21/2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



## 10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

## A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

## 1. Generator of Hazardous Waste

If "Yes", mark only one of the following - a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

3. United States Importer of Hazardous Waste

Y ☐ N ☒

4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

5. Transporter of Hazardous Waste  
If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

7. Recycler of Hazardous Waste

Y ☐ N ☒

8. Exempt Boiler and/or Industrial Furnace  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

9. Underground Injection Control

Y ☐ N ☒

10. Receives Hazardous Waste from Off-site

## B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter  
If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner  
If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☐

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☒ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	P001	P042	P075	P081	
D011						


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


OMB#: 2050-0024; Expires 12/31/2014

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

### 13. Comments

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	02/23/2012